10/663067

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

KANE (3,500) 9 915

|   |  | CLAIMS AS                                 | (Column 1)   |                               | (Column 2)          |                  |            | SMALL ENTITY TYPE |                        | OR | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|--------------|-------------------------------|---------------------|------------------|------------|-------------------|------------------------|----|----------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | バス           |                               |                     |                  |            | RATE              | FEE                    |    | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER (     | ILED                          | NUMB                | ER EXTRA         |            | BASIC FEE         | 375.00                 | OR | BASIC FEE                  | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   |              |                               | • ')-               |                  |            | X\$ 9=            |                        | OR | X\$18=                     | , ·                    |  |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =  |                               | 6                   |                  |            | X42=              |                        | OR | X84=                       | •                      |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM PR                             | RESENT       |                               |                     |                  |            | +140=             |                        | OR | +280=                      | ì                      |  |
| * If  | the difference   | in column 1 is                            | less than ze | ro, enter                     | "0" in column 2     |                  |            | TOTAL             |                        | OR | TOTAL                      | 750                    |  |
| 4   | Q14 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |   |              |                               |                     |                  |            | SMALL ENTITY      |                        |    | OTHER THAN<br>SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . /8                                      | Minus        | # 2                           | 0                   | =                |            | X\$ 9=            |                        | OR | X\$18=                     |                        |  |
|   | Independent  | + 3                                       | Minus        | ***                           | 3                   |                  | [          | X42=              |                        | OR | X84=                       |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +14  |  |   |              |                               |                     |                  |            |                   |                        | OR | +280=                      |                        |  |
| TOTA<br>ADDIT. FE   |  |   |              |                               |                     |                  |            |                   |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |                     |                  |            |                   |                        |    |                            |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus        | **                            |                     | =                | ] [        | X\$ 9=            |                        | OR | X\$18=                     |                        |  |
|   | Independent  | •   | Minus        | ###                           |                     | =                | 11         | X42=              |                        | OR | X84=                       |                        |  |
| Ľ   | FIRST PRESE  | NTATION OF MU                             | JLTIPLE DEF  | PENDENT                       | CLAIM               |                  | <b>]</b> [ | +140=             |                        | OR | +280=                      |                        |  |
| TOTAL<br>ADDIT, FEE   |  |   |              |                               |                     |                  |            |                   |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                               |                     |                  |            |                   |                        |    |                            |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |            | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| SON   | Total  |   | Minus        | **                            |                     | =                | JI         | X\$ 9=            |                        | OR | X\$18=                     |                        |  |
| AME   | Independent  | *   | Minus        | ***                           |                     | =                | 11         | X42=              |                        | OR | X84=                       |                        |  |
| Ļ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                     |                  | ┛┞         |                   |                        |    | <b></b>                    |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 color "20" |  |   |              |                               |                     |                  |            |                   |                        | OR | +280=<br>TOTAL             |                        |  |
| ***   | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                     |                  |            |                   |                        |    |                            |                        |  |